

October 1, 2012 – September 30, 2013

Contract CPG 13- (008) - 2013

CITY OF HALLANDALE BEACH, FLORIDA

**COMMUNITY PARTNERSHIP GRANT
FY 2013**

COMMUNITY PARTNERSHIP PROGRAMS AGREEMENT

THIS AGREEMENT (hereinafter the "Agreement") is entered into this _____ day of _____ 2012, between the City of Hallandale Beach, a municipal corporation of the State of Florida (hereinafter referred to as the "CITY/GRANTOR") and First Call for Help of Broward, Inc. dba 2-1-1 Broward, a Florida not for profit corporation (hereinafter referred to as the "GRANTEE").

AMOUNT: \$10,000.00

TERM OF THE AGREEMENT: October 1, 2012 through September 30, 2013

CONTRACT NUMBER (to be completed by the City): CPG 13- (008) - 2013

NOW, THEREFORE, in consideration of the mutual covenants and obligations herein set forth, the parties understand and agree as follows:

WHEREAS, The City of Hallandale Beach (City/Grantor) through the 2012-2013 Fiscal Year Budget has grant funds to support Community Partnership programs and services that will benefit the residents of Hallandale Beach; and

WHEREAS, the intent of this funding is to allocate resources to qualified non profit organizations that support meaningful community programs and service learning opportunities and political subdivisions of the State of Florida whose primary core services is education.

NOW, THEREFORE, the parties hereby agree as follows:

1. Program Description/Deliverables and Project Execution

GRANTEE shall use funding for 2-1-1 Helplines to provide :1,800 Hallandale Beach residents information and referral services via calls made to 2-1-1 Helplines as detailed in Exhibit A "Workplan", Exhibit B "Budget "and Exhibit C " Project Description. GRANTEE agrees to submit in writing, any deviation from the program as described in the exhibits attached to this Agreement for approval by the City prior to the implementation of changes.

The City of Hallandale Beach hereby grants to the GRANTEE a Community Partnership Grant in an amount not to exceed \$ 10,000.00 in consideration of and on condition that the sum be expended in carrying out the purpose as set forth in the funding request and under the terms and conditions set forth in this Agreement for Hallandale Beach residents. Grantee agrees to assume any obligation to furnish any additional funds that may be necessary to complete the project.

2. Payment Request and Reporting Schedule

GRANTEE ensures that the Agreement requirements are met through completion of a Monthly Report (Exhibit D), Payment Request (Exhibit E) and a Final Report (Exhibit F) adhering to the following schedule:

<u>Report Number</u>	<u>Month</u>	<u>Date Due to City</u>
1	October Advance Request*	October 10
2	November Advance Request*	October 10
3	October Reports	November 10
4	November Reports	December 10
5	December Reports	January 10
6	January Reports	February 10
7	February Reports	March 10
8	March Reports	April 10
9	April Reports	May 10
10	May Reports	June 10
11	June Reports	July 10
12	July Reports	August 10
13	August Reports	September 10
14	September (Final Report)	October 10

If the Grantee's project is completed prior to the full fiscal year and all grant funds have been disbursed, a Final Report is due by the 10th of the next month after completion of the project. The CITY reserves the right to require reports more frequently than stated if necessary, but no more than once a month.

Reports are due on the 10th of each month. Reports not received by the 10th of the month will be paid the next month. Failure to submit a report when due will result in nonpayment for the month in which the report was due, payment will be paid the following month.

3. Funding and Disbursement Requirements

- 3.1. The amount of compensation payable by the CITY to the GRANTEE shall be based on the Units of Services rate (if applicable), Payment Schedule and conditions hereto incorporated into the Agreement.
- 3.2. The GRANTEE will provide units of deliverables, including various client services, and in some cases may include reports, findings and drafts as specified in this Agreement, which the CITY must receive and accept in writing prior to payment.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

4. Records, Documentation and Recordkeeping

The GRANTEE shall establish and maintain sufficient records to enable the CITY to determine whether the GRANTEE has met the requirements of the Community Partnership Grant Agreement.

- 4.1. GRANTEE shall maintain all records related to performance of this Agreement and agrees to maintain satisfactory financial accounts, client demographic records, description of activities or services (including location, date and time/s), other related documents and records for the Project. Such records shall be available for a period of three years from the date of receipt of final payment under the Agreement, for inspection and audit by representatives of the CITY, at any reasonable time and place. If audit findings have not been resolved, the records must be retained beyond the three-year period as long as required for the resolution of the issue raised by the audit.

5. Financial Accountability, Consequences and Recapture of Funds

The CITY reserves the right to audit the records of the GRANTEE at any time during the performance of this Agreement and for a period of three years after its expiration/termination.

- 5.1. The CITY reserves the right to apply financial consequences or recapture funds in the event that the GRANTEE shall fail: (1) meet the minimum level of service or performance identified in the Agreement, (2) to comply with the terms of this Agreement, or (3) to accept conditions imposed by the CITY.
- 5.2. Financial consequences may include but are not limited to contract suspension, withholding payments until deficiency is cured, tendering only partial payment, refusing payment and/or cancellation of the Agreement.

6. Dispute Resolution

Any dispute concerning performance of the Agreement will be decided by the Community Partnership Grants Committee, who will reduce the decision to writing and serve a copy to the GRANTEE.

7. Project Withdrawal

If GRANTEE wishes to withdraw a Project, GRANTEE shall notify the CITY of this right pursuant to the Notices provision below.

In the event an approval project is not completed and payment have been disbursed or advance, said funds plus accrued interest must be returned/ refunded to the City.

8. Promotion of Program Services

GRANTEE agrees to promote the CITY when marketing, website, media opportunities, etc. The GRANTEE further agrees to assist the CITY in making a strong case for Community Partnerships by providing timely, accurate data and reporting as requested regarding social service needs of the CITY.

9. Termination

This Agreement shall be terminated upon the occurrence of:

- (1) Breach of his Agreement by the GRANTEE;
- (2) Written notice from the CITY to the GRANTEE to terminate the services under this Agreement, which notice may be given in the sole discretion of the CITY and without cause; or
- (3) Upon receipt by CITY of written notice from the GRANTEE of Grantee's intent to terminate this Agreement.

Notice of termination shall be provided in accordance with the "NOTICES" section of this Agreement except that notice of termination by the City Manager, which the City Manager deems necessary to protect the public, health, safety, or welfare may be verbal notice that shall be promptly confirmed in writing in accordance with the "NOTICES" section of this Agreement.

10. Assignment

Neither this Agreement nor any right or obligation provided for by this Agreement shall be assigned to a Subrecipient by the GRANTEE without the consent of the CITY.

11. Charitable Purpose

Activities under this Agreement will not be used for the purpose of profit.

12. Obligations of GRANTEE

The Grantee shall carry out the services and activities described in the Work Plan, which is attached as Exhibit A. The Grant Application, Work Plan, Grant Guidelines and any subsequent change or addition approved in writing by the CITY is hereby incorporated in this Agreement as though set forth in full in this Agreement. This Agreement may only be amended upon the written agreement of both the CITY and the GRANTEE.

GRANTEE acknowledges to have read and understands the contents of the Grant Guidelines and will act in accordance with these guidelines and procedures as a condition of acceptance of the funding.

13. Governing Laws and Compliance

The GRANTEE shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing its duties, responsibilities, and obligations pursuant to this Agreement.

1. Federal Law

The GRANTEE agrees to comply with all federal laws such as the following:

- 13.2. Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in the Department of Labor regulations.
- 13.3. The GRANTEE will not employ an unauthorized Alien. Such violation will be cause for termination of the Agreement.
- 13.4. The GRANTEE is a non-profit provider and is subject to the Internal Revenue Services (IRS) tax exempt organization reporting requirements (filing of a 990 or Form 990-N).

2. State Law

This Agreement shall be governed by the laws of State of Florida and of Broward County, Florida. Any action for breach, enforcement, interpretation, or arising out this Agreement shall be brought only in the Circuit Court of the Seventeenth Judicial Circuit in and for Broward County, and the parties agree to submit to the jurisdiction of that Court. The parties waive trial by jury.

If any provision of the Agreement is held unenforceable, then such provision will be modified to reflect the parties' intention. All remaining provisions of this Agreement shall remain in full force and effect.

14. Insurance

At all times during the term hereof, the GRANTEE shall maintain General Liability Insurance acceptable to the CITY. Prior to commencing any activity under this Agreement, the GRANTEE shall furnish to the CITY an original Certificate of Insurance indicating that the GRANTEE is in compliance with the provisions of this Agreement.

- 14.1. The GRANTEE shall also provide Worker's Compensation Insurance as required by the laws of the State of Florida if employing an individual.

14.2 Indemnification

Each party assumes responsibility for the negligence of its own respective employees, appointees, or agents; and, in the event of any claims for damages or lawsuits for any remedy, each party will defend its own respective employees, appointees, or agents. To the fullest extent permitted by law, the GRANTEE agrees to indemnify

and hold-harmless the CITY, its officers and employees from any claims, liabilities, damages, losses, and costs, including, but not limited to, reasonable attorney fees to the extent caused, in whole or in part, of the GRANTEE or persons employed or utilized by the GRANTEE in performance of the Agreement.

15. Notices

All notices provided for or required under this Agreement shall be made by certified mail, return receipt requested to the addresses set forth below:

City of Hallandale Beach:

City Manager
400 S. Federal Highway
Hallandale Beach, FL 33009

With Copy to:

Marian McCann-Colliee
Attn: Community Partnership Grants Program
750 NW 8th Avenue
Hallandale Beach, FL 33009

GRANTEE:

First Call for Help of Broward, Inc. dba 2-1-1 Broward
Sheila J. Smith, President/CEO
250 NE 33 Street
Oakland Park, FL 33334

16. Contingencies

Both CITY and the GRANTEE recognize that there exists the possibility of contingent events which may adversely impact the GRANTEE'S ability to provide services as provided for under this and other agreements with other GRANTEE'S, including without limitation, the failure of contributors to remit funds pledged. In the event that any such contingencies should develop or occur, the CITY shall have the right to reduce the amount of funds, suspend the services until conditions change or terminate this agreement and be relieved of its obligation to deliver according to this agreement.

17. Representation of Authority

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.


18. Multiple Originals

Multiple copies of this Agreement may be executed by all parties, each of which, bearing original signatures, shall have the force and effect of an original document.

[Execution on Next Page]

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed by their respective officials thereunto duly authorized on the date above written. CITY OF HALLANDALE BEACH through its authorization to execute same by Commission action on the 2nd day of Nov., 2012 and First Call for Help signing by and through its President duly authorized to execute same.

ATTEST:


Sheena James
CITY CLERK

CITY

CITY OF HALLANDALE BEACH

By


Renee Crichton
CITY MANAGER

Date:

11/2/12

Approved as to legal sufficiency and form by
CITY ATTORNEY


V. Lynn Whitfield
CITY ATTORNEY

[EXECUTION CONTINUED ON NEXT PAGE]

GRANTEE MUST EXECUTE THIS AGREEMENT AS INDICATED BELOW. USE CORPORATION FORMAT APPLICABLE.

GRANTEE

ATTEST:

First Call for Help of Broward, Inc.
(A Florida not-for-profit Corporation)

Brett Friedman
Corporate Secretary

By: Sheila J. Smith, President / CEO
Name/Title
Sheila Smith 10/18/12
Signature Date

(Corporate Seal)

Brett Friedman, Secretary
(Type Name and Title Signed Above)

22nd Day of OCT, 20 12

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**Exhibit A
FY 2013**

**Work Plan/Project Schedule
(Deliverables)**

Work Task	Start-Up Date	Date of Completion
1. Analyze call volume trends and scheduled call center staff accordingly (ongoing)	1/1/13	09/30/13
2. Counselors answer calls and record data 7 days per week, 24 hours per day.	1/1/13	09/30/13
3. Update existing and add new agency and program information in resource database through mail/email requests and follow- up phone calls (ongoing).	1/1/13	09/30/13
4. Analyze and act on data, reports and surveys which measure service quality (ongoing).	1/1/13	09/30/13
5. Monitor, evaluate and develop staff performance through direct observation, performance reviews and feedback	1/1/13	09/30/13
6. Schedule staff training sessions (monthly) .	January 2013	September 2013
7. Conduct outreach activities, such as presentations, municipal/community events, etc., to distributed 211 information to the community	1/1/13	09/30/13

at larger (ongoing).		
8. Participate in community groups, task forces, etc. to coordinate efforts with other organizations (ongoing).	1/1/13	09/30/13
9. Prepare and submit performance and fiscal reports to City of Hallandale Beach according to schedule.	1/1/13	09/30/13
10. Sustainability activities, including grant submissions, corporate partnership solicitations, Club 211 quarterly events, annual Nonprofit Academy Awards luncheon, annual breakfast, and other opportunities as they arise (ongoing) NOTE: City of Hallandale Beach funding will <u>not</u> be used for this activity.	1/1/13	09/30/13
Total Project Completion		09/30/13

Community Partnership Grants
Exhibit B
BUDGET

Expense Item	Amount Requested	Other Funding	In-kind Funding	Justification
Personnel Cost	7,677	1,164,540		25% of 1 FTE Counselor Salary
Consultants		40,000		
Supplies	323	17,677		General Supplies
Equipment*		7,000		
Travel		9,000		
Facility rental/Fees		97,000		
Marketing				
Printing		8,000		
Other (Speicify)	2,000	273,783		Telephone and interpreter services
TOTAL Requests	10,000	1,617,000		TOTAL BUDGET: <u>1,627,000</u>

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**Exhibit C
FY 2013**

PROGRAM DESCRIPTION

This project will provide 2-1-1 helpline services to the residents of Hallandale Beach. 2-1-1 Broward provides a critical safety net for individuals, children and families in Broward County and Hallandale Beach. Any time of the day or night, anyone experiencing a mental health crisis or personal problem can connect directly with a degreed, trained, multi-lingual counselor. When responding to a call, our counselors use active listening skills to offer callers a safe environment to discuss their personal problems or concerns. Unlike many social service programs, callers are able to remain anonymous while still receiving the help they need. There are no barriers to accessing or receiving service. Services are 24 hours and are offered in every language. There are no transportation issues. There is no cost and no eligibility criteria. All callers are helped to clarify their problems, identify their immediate needs, and consider appropriate problem-solving options and alternatives. Counselors then offer the available community resources, programs, and support services that will best meet the unique needs of the caller and his/her family members. A call to 2-1-1 and early intervention often prevents a situation from escalating into something far more serious. In the event of life-threatening calls (such as suicide or homicide), Helpline counselors use proven empathetic listening and crisis intervention techniques to de-escalate the situation and involve outside interventions as needed (such as police or emergency rescue).

There is significant need for a service like 2-1-1. Every hour of every day, someone in Hallandale Beach needs help. Families have lost their income, cannot pay their rent, mortgage or utility bills, and don't have enough food to feed their families. Children face violence and bullying. Families don't know how to effectively help children with substance abuse or mental health issues. Seniors are disabled and unable to get to doctor appointments. Babies are born with special needs. Families lack health insurance and don't know where to take a sick child for care. Record numbers of residents are unemployed and need retraining and jobs. In all of these instances, programs are available to help. In fact, more than 4,000 programs are available across Broward County. Without 2-1-1 as a gateway, it is nearly impossible for someone on their own to identify the particular agencies/programs that are uniquely able to provide the assistance they need and for which they are eligible.

In FY 2009/10, 2-1-1 Broward received 125,656 calls, provided 176,695 referrals, and provided 192,727 other services (i.e. follow-ups, Touchline calls, Teen Tapes calls, web resources searches, advocacy). More than half of all calls to 2-1-1 are from callers seeking help for basic needs (food, shelter, rent/utility assistance). Many callers today are middle class families who

have fallen into poverty due to job loss and are now facing loss of their homes. Similar trends have affected residents of Hallandale Beach. During 2009/10, 2-1-1 Broward received 2,124 calls from Hallandale Beach residents. Those callers expressed 2,938 needs and were provided with 3,622 referrals. 61% of Hallandale Beach callers requested basic needs assistance, and the top five basic needs requests, in order, were (1) Rent/Mortgage, (2) Food, (3) FPL/Utilities, (4) Housing, and (5) Shelter. The top five needs of all Hallandale Beach callers were (1) Basic Needs, (2) Government/ Community Services, (3) Health, (4) Emotional/Mental Health/Children's Mental Health, and (5) Special Needs. 2-1-1 Broward managed 7 suicide-related calls from Hallandale Beach.

2-1-1 services will address the priority areas of education, health and wellness. The service educates and informs consumers about available services and assists them to navigate complex and confusing application processes and systems of care. Callers in need of educational programs are connected with a variety of academic and vocational programs, such as GED, technical/trade schools, job training/retraining programs, college programs, and on-the-job training programs. Through a partnership with Memorial Healthcare System, 2-1-1 screens Hallandale Beach callers and connects those without health insurance with Memorial's outreach workers for enrollment into subsidized health care programs. Callers are linked to a variety of free health and wellness programs in the community, such as dental/health clinics, mental health and substance abuse counseling and treatment, HIV/AIDS services, community health screenings, and a host of others. The Teenspace211 website provides health-related information targeted to youth and teens, such as STD's, emotional health, substance abuse, etc.

2-1-1 is a service available to all residents of Broward County. It is expected that 110,000 residents will be served. Of those, 2,000 or more will be residents of Hallandale Beach. There is no fee for services.

Participants benefit because they have a 3-digit number they can call 24 hours per day to quickly identify the programs that can help them with their unique and immediate needs. They can talk with someone who is concerned and knowledgeable and who can help them develop a plan of action. The service eliminates frustration, saves time, prevents a crisis from turning into something worse, is focused on problem solving, and builds confidence on the part of the individual to resolve the problem. For government, 2-1-1 is a useful resource to provide to constituents. Government workers don't have to spend time searching for resources on behalf of a resident. For agencies, 2-1-1 provides a screening service. Only those individuals who are appropriate and eligible for an agency's services are referred. Agency staff can focus on those they are able to help and be assured that those who are not eligible have been referred to an appropriate resource. For the community at large, 2-1-1 offers a way for anyone to reach out for help at the moment they need it or at a time that's convenient for them, even if that time is 2:00 in the morning or on a weekend. Oftentimes, people need a safe place where they can vent and discuss problems honestly and openly. Only then are they able to explore resources, develop a plan of action, and take steps to solve the problem.

2-1-1 Broward partners with more than 700 agencies. These agencies together provide over 4,000 programs and services which are included in the 2-1-1 resource database. Program information is updated annually, and updates are required of any agencies receiving funding from United Way, Broward County, Children's Services Council, and other key funders. In addition, we partner with many organizations to use the 2-1-1 phone number as the contact point for information about community initiatives. Examples include Children's Services Council (EITC and Summer Safety) and Broward Sheriff's Office (Operation Medicine Cabinet and Child Abuse Prevention). BSO deputies carry 2-1-1 cards with them and encourage people in need to call 2-1-1 as they respond to community incidents. 2-1-1 staff participate in numerous community fairs and events sponsored by cities and organizations, setting up tables to distribute 2-1-1 information to the community at large.

**EXHIBIT D
FY 2013**

MONTHLY PROGRESS REPORT

Reporting Month & Year: _____

Date Report Prepared: _____

A. Project Information:

Agency Name	
Person Preparing the Report	
Job Title	
Signature	
Project Name	
Project Start- Up Date	
Project Completion Date	
Amended Completion Date (if applicable)	

B1. Project Cost

		Funds Expended to Date	Percentage
Total Project	\$	\$	\$
City Funding	\$	\$	\$
Other Funding	\$	\$	\$

**EXHIBIT D
FY 2013**

**MONTHLY PROGRESS REPORT
(Continued)**

FY 2013

B2. Please list other Funding Sources and Amount.

B3. Percent of Project completed to date: _____ %

B4. Anticipated Changes in Staffing:

1. Office Hours: _____
2. Resignations: _____
3. Part-time or Full time Employee(s):

C1. Brief Project Summary (General scope of work performed during the month. Include list of participants name, sign in sheets, address, date and type of service(s) as a separate Attachment)

C2. Describe specific work tasks & status completed this month:

Work Tasks	Status (i.e. underway, completed)

C3. Describe success or problems encountered with Project:

C4. Identify technical assistance needed.

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT E
FY 2013**

REQUEST FOR PAYMENT

Contract Period October 1, 2012 to September 30, 2013

1. Project Name: 2-1-1 Helplines					
2. Organization : First Call for Help of Broward, Inc. dba 2-1-1 Broward					
3. Contract Number: CPG 13- (008) - 2013					
4. Billing Month/s Covered:					
5. % of Total Grant, Expended thru this Billing:					
6. Cost Categories		Total Expenditures Up to Last Billing	Expenditures This Billing	Total Expenditures To Date	
A. Project Costs					
Salary & Fringes					
Consultants					
Supplies					
Other					
Other Project Costs					
B. Grant Amount:					
Funds Received to Date					
Available Grant Amount					
Remaining Balance					
7. Units of Services	Activity	Quantity (unit)	Measurement	# Served	Dollar Value (UC x # Served x M =)
Unit Cost					
\$ 5.56	Call Center	Inbound Calls	1 month		
				Total request	= \$

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT E
FY 2013**

**REQUEST FOR PAYMENT
(Continued)**

8. Detail of Request for Payment(Attached copies of Invoices, Other Applicable Documentation)			
Vendor Name	Invoice # (If Applicable)	Description of Service	Amount

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT E
FY 2013**

**REQUEST FOR PAYMENT
(Continued)**

Total Request for Reimbursement \$ _____

9. Certification:

I certify that items 1-6 of this billing are correct and just and are based upon obligation(s) of records for the Project; that the work and services are in accordance with the City's approved Agreement including any amendments thereto; and that the progress of the work and services under the Agreement are satisfactory and are consistent with the amount billed.

Signature and Title of Authorized Official

Date

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT F
FY 2013**

FINAL REPORT GUIDELINES

The Final Report is an opportunity for you to inform the City about the important work you do, and it is a valuable tool for the City to use in assessing the success of the project and future funding considerations for your organization. Please complete the report and submit to the City within thirty days of completion of your project.

Agency Name: _____

Date Final Report Submitted: _____

1. Complete the chart below:

A. Project Information:

Project Name		
Person Preparing the Report/ Job Title		Phone #
Project Start-Up Date		
Number of participants served during this period	Hallandale Beach Residents _____	Non- Hallandale Beach Residents _____
Participant Status to Date	Active: _____	Terminations: _____ Successful: _____
Completion Date:		Total Number Served
Amended Completion Date (if applicable)		

[Continue to Next Page]

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT F
FY 2013**

**FINAL REPORT
(Continued)**

B. Project Cost

Total Project Cost		Funds Expended to Date	Percentage
City Funding	\$	\$	%
Other Funding	\$	\$	%
(specify source)			

Please provide the information requested below on Agency letterhead. All information must be submitted typed using an 11pt font.

2. The actual number of individuals served by the City grant award (Provide back-up to support number of individuals served; i.e. copies of sign-in sheets, call logs, etc.)
3. List the specific activities used to accomplish the project goals and objectives. In the case of classes, workshops, performances, and the like, indicate the number, frequency, duration, and number of participants. Example: A total of six workshops took place on a monthly basis with each workshop lasting two hours. Ten individuals attended each workshop. (Provide copies of participant attendance logs)
4. List the evaluation methods used to determine the extent to which objectives and goals were met. Provide copies of evaluation tools, such as surveys or tests, when possible. If no evaluation tool is used, please indicate such.
5. Indicate how you publicly recognized The City of Hallandale Beach. For example, brochures, program booklet, in annual report, press release, web site. Provide copies of all collateral materials and copies of any media coverage the project has received.

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT F
FY 2013**

**FINAL REPORT
(Continued)**

6. Describe unexpected challenges or opportunities you encountered, if any. You may want to explain why you were unsuccessful at some levels of services. You are also encouraged to share your success stories.
7. Please also submit the following financial information:
 - a) Accounting of actual expenses using the Final Expenditure Report Form provided.
 - b) Copies of all expenditure to include receipts, payroll, etc.
8. Submit an overall Project Summary (page 3).
9. The Final Report must be signed by the Authorized Representative.

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT G
FY 2013**

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Hallandale Beach
By Sheila J. Smith, President / CEO
(print this individual's name and title)
for First Call for Help of Broward, Inc.
(print name of entity submitting statements)
whose business address is 250 NE 33rd St.
OAKland Park, FL 33334
and if applicable whose Federal Employer Identification Number (FEIN) is 65-0589294
If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let

by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Sheila J Smith

(Signature)

City of Dakland Pk, Florida

STATE OF FLORIDA

Sworn and subscribed before me this 18 day of OCT, 20 12 by

Sheila J Smith

who is Personally know to me _____

~~Or who produced identification -~~

(Type of Identification)

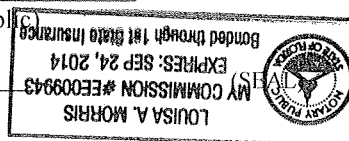
[Signature]

(Signature) Notary Public – State of Florida

Louisa A. Morris

(Printed, typed or stamped commissioned name of notary public)

My commission expires _____



**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT H
FY 2013**

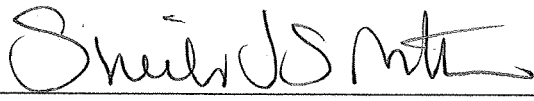
DRUG-FREE WORKPLACE FORM

The undersigned GRANTEE in accordance with Florida Statute 287.087

Hereby certifies that First Call for Help of Broward Inc. shall:
(Name of Organization)

1. Publish a statement notifying employees and consultants that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees/consultants for violations of such prohibition.
2. Inform employees and consultants about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Notify the employees or consultants that, as a condition of working on the project or contractual services that are under this Agreement, the employee or consultant will abide by the terms of a Drug Free Work Place and will notify the GRANTEE of any conviction of or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or a plea.
4. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted or has entered into a plea.
5. Make a good faith effort to continue to maintain a Drug-Free Workplace.

As a person authorized to sign the statement, I certify that this organization complies fully with the above requirements.

DATE:	<div style="text-align: center;"> _____ AGENCY REPRESENTATIVE SIGNATURE</div>
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**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**EXHIBIT I
FY 2013**

**NONDISCRIMINATION, EQUAL OPPORTUNITY AND AMERICANS WITH
DISABILITIES ACT FORM**

GRANTEE shall not unlawfully discriminate against any person in its operations and activities in its use or expenditure of funds or any portion of the funds provided by this Agreement and shall course of providing any services funded in whole or in part by CITY, including Titles I and II of the ADA (regarding nondiscrimination on the basis of disability), and all applicable regulations, guidelines and standards.

GRANTEE's decisions regarding the delivery of services under this Agreement shall be made without regard to or consideration of race, age, religion, color, gender, sexual orientation (Broward County Code, Chapter 16 ½), gender identity, gender expression, national origin, marital status, physical or mental disability, political affiliation, or any other factor which cannot be lawfully or appropriately used as a basis for service delivery.

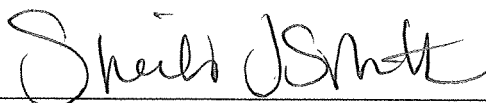
GRANTEE shall comply with Title I of the Americans with Disabilities Act regarding nondiscrimination on the basis of disability in employment and further shall not discriminate against any employee or applicant for employment because of race, age, religion, color, gender, sexual orientation, gender identity, gender expression, national origin, marital status, political affiliation, or physical or mental disability. In addition, GRANTEE shall take affirmative steps to ensure nondiscrimination in employment against disabled persons. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, termination, rates of pay, other forms of compensation, terms and conditions or employment, training (including apprenticeship, and accessibility).

GRANTEE shall take affirmative action to ensure that applicants are employed and employees are treated without regard to race, age, religion, color, gender, sexual orientation (Broward County Code, Chapter 16 ½), gender identity, gender expression, national origin, marital status, political affiliation, or physical or mental disability during employment. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, termination, rates of pay, other forms of compensation, terms and conditions of employment, training (including apprenticeship), and accessibility.

GRANTEE shall not engage in or commit any discriminatory practice in violation of the Broward County Human Rights Act (Broward County Code, Chapter 16 ½) in performing any services pursuant to this Agreement.

By signing below; the Grantee agrees to all of the above:

DATE: 10-18-12



AGENCY REPRESENTATIVE SIGNATURE

**CITY OF HALLANDALE BEACH
COMMUNITY PARTNERSHIP GRANT**

**Exhibit J
FY 2013
ADVANCE PAYMENT REQUEST**

Organization :
Project Name:
Person Preparing the Report:

a. Grant Amount	\$	
b. Amount Requested	\$	
c. Balance of funds after available Agreement Amount requested (a minus b)	\$	
Justification for Requested Amount: <small>*(Must be detailed & aligned with your Work Plan)</small>		
Authorized person signature:		
Print Name:	Date:	